

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

5090

62-020859

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 31 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5447 Vernon</i>		d. STREET ADDRESS (if outside, give location) <i>5447 Vernon</i>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>James Polk</i>		4. DATE OF DEATH Month Day Year <i>May 17 1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12-9-1908</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Linen Clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>VA Hospital</i>	
13a. FATHER'S NAME <i>Benjamin Polk</i>		13b. MOTHER'S MAIDEN NAME <i>Willie Jean Phelps</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes WW 2</i>		16. SOCIAL SECURITY NO. <i>450,0</i>	
17. INFORMANT <i>Janie Polk</i>		Address <i>5447 Vernon</i>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary embolism</i> DUE TO (b) <i>generalized arteriosclerosis</i> DUE TO (c) <i>450,0</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>8-6R-60</i> to <i>5-17-62</i> and last saw her him alive on <i>5-16-62</i> Death occurred at <i>3:00 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. D. Taylor M.D.</i>		22b. ADDRESS <i>2322 N Kingshighway</i>	
22c. DATE SIGNED <i>5/18/62</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
23b. DATE <i>5-21-1962</i>		23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Jefferson Bks, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 19 1962</i>	
26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>		27. FUNERAL DIRECTOR <i>1021 North Grand</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

DATE AMENDED

2

2

2

1

1

1

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. L. Blackburn

Licensed Embalmer No.

3962

P. O. Address

1221 N. Brandon Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.